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## BIB DATA SHEET

CONFIRMATION NO. 7141

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10/566,590	09/25/2006 RULE	219	3742	2002016-US

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/DK04/00084 02/04/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

DENMARK PA 2003 00156 02/04/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

11/08/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DENMARK	5	18	2
Verified and /DANIEL LEON ROBINSON/ Acknowledged Examiner's Signature		Initials				

**ADDRESS**

COLOPLAST A/S  
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**TITLE**

Package for an ostomy appliance

FILING FEE RECEIVED 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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